

## PART B - FEE(S) TRANSMITTAL

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**P.O. Box 1450**  
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APR 24 2006

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29370 7590 03/07/2006

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04/25/2006 CNEGAZ 00000077 09509383

01 FC:2501 700.00 DF  
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<b>ROBERT A. PARSONS</b>	(Depositor's name)
	
(Signature)	
<b>19 APRIL 2006</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/909,383	07/19/2001	Akira Taguchi	4196-A1JPUS	4018

TITLE OF INVENTION: PASSWORD GENERATION AND VERIFICATION SYSTEM AND METHOD THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO Yes	\$1400.00	\$300	\$1700.00	06/07/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHEN, SHIN HON	2131	726-018000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. PARSONS & GOLTRY 2. ROBERT A. PARSONS 3. MICHAEL W. GOLTRY
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### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

### 4a. The following fee(s) are enclosed:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies \_\_\_\_\_

### 4b. Payment of Fee(s):

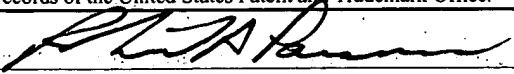
- A check in the amount of the fee(s) is enclosed.
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- The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

### 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date 19 APRIL 2006

Typed or printed name ROBERT A. PARSONS, CN 45848

Registration No. 32,713

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